DIPE		Complete If Known					
FEE TRANSMITTAL	Application	Application No.		10/616,353			
dct 0 9 2003	Filing Date	Filing Date		07/10/03			
	First Name	First Named Inventor		Kenneth J. VOSNIAK			
AIL STOP Patent Application	Examiner I	Examiner Name		Not Assigned			
	Group Art	Group Art Unit		2876			
Total Amount Of Payment (\$) 170.00	Attorney D	ocket No.	60497.00	60497.000014			
METHOD OF PAYMENT (check one)		FEE CALCULATION			ON (continued)		
1. The Commissioner for Patents is here	y 3. A DE	3. ADDITIONAL FEES					
authorized to charge indicated fees and cre		ion		Fee Paid			
any over payments to Deposit Account N 50-0206 in the name of Hunton & Willia		arge - late filing fe	e or oath	or oath \$ 130.00			
LLP.		Surcharge - late provisional filing fee or \$ cover sheet					
		☐ Month Extension of Time \$					
	☐ Notice	of Appeal		\$			
	☐ Filing B	Brief in Support of	Appeal	peal \$			
2. Check Enclosed. The Commissioner for		Request for Oral Hearing \$					
Patents is hereby authorized to charge a variance between the amount enclosed a	d Publica	Utility Issue Fee (or Reissue) (including \$ Publication Fee, if necessary)					
the Patent Office charges to Deposit Account No. 50-0206 in the name of			\$				
Hunton & Williams LLP, 1900 K Street, N.W.,		ssue Fee		\$			
Suite 1200, Washington, D.C. 20006-1109.	☐ Petition	☐ Petition to Commissioner					
	☐ Petition	☐ Petition to Revive (Unavoidable) \$					
	Petition	Petition to Revive (Unintentional) \$					
FEE CALCULATION	_	Petitions Related to Provisional \$ Applications					
1. BASIC FILING Large Entity Small En		Submission of Information Disclosure \$ Statement					
FEE PAID	☐ Filing S	☐ Filing Submission After Final Rejection \$					
Utility Filing Fee \$ Design Filing Fee \$	\$ Recording Each Property			\$			
Plant Filing Fee \$	☐ Filing F	Request for Reexa	amination	\$			
Reissue Filing Fee \$ Provisional Filing Fee \$	☑ Other ((specify) Assignm	ent	\$	40.00		
2. EXTRA CLAIMS FEES							
CLAIMS AS AMENDED							
. Highest Nu	ber	Rate	e				
For Number Present Paid Fo	Extra	Large Entity	Small Entity	A	mount		
TOTAL CLAIMS 20		x \$ 18.00	x \$ 9.00	\$ 00			
INDEPENDENT CLAIMS 3 MULTIPLE DEPENDENT CLAIMS	1 >	x \$ 84.00 \$ 280.00	x \$ 42.00	\$ 00			
TOTAL EXTRA CLAIMS FEES			\$ 140.00				
TOTAL EXTRA CLAIMS FEES \$ 00 SUBMITTED BY Complete (if applicable)							
Typed or Printed Name Tyler Maddry				legistration No. 40,074			
Signature 7 Madde Date				October 9, 2003			